

2.2. LIFESTYLE SCORING SHEET

Complete the lifestyle scoring sheet by circling the appropriate score.

<p>1. Sleep On the average, do you sleep</p> <p>7 - 8 hours per night 1 9 hours or more 1/2 6 hours or less 0</p>	<p>5. Physical activity Do you engage in physical activity such as brisk walks, swimming, tennis, hiking, bicycling, or similar exercise:</p> <p>Regularly 1 Once a while 1/2 Never 0</p>
<p>2. Regularity of Breakfast Do you eat breakfast: :</p> <p>Regularly 1 Sometimes 1/2 Never 0</p>	<p>6. Alcoholic beverage consumption On the average, do you drink the equivalent of:</p> <p>No drinks per day 3/4 1 - 2 drinks per day or less 1 More than 2 drinks per day 0</p>
<p>3. Eating between meals Do you eat between meals:</p> <p>Never 1 Sometimes 1/2 Regularly 0</p>	<p>7. Smoking</p> <p>Never smoked 1 Non-smoker, but smoked before 3/4 Moderate smoker (cigar, pipe, or do not inhale cigarettes) 1/2 Moderate smoker (inhales cigarettes) 1/4 Chain smoker 0</p>
<p>4. Weight in relationship to Height Compared with your normal weight for your height, is your current weight within:</p> <p>10% 1 20% 1/2 More than 20% 0</p>	